

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JUN 26 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000039275

1. Corporation Name  
GLOBAL STRATEGIC MARKETING, INC

2. Principal Office Address

762 S. US 1

Suite, Apt. #, etc.

SUITE 118

City & State

VERO BEACH FL

Zip

32962

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

4/30/99

5. FEI Number

65-0916043

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES L. BERNIER

Street Address (P.O. Box Number is Not Acceptable)

762 S. US 1

Suite, Apt. #, Etc.

SUITE 118

City

VERO BEACH

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\*\*\*900.00 \*\*\*900.00

State  
FL

Zip Code

32962

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*James L. Bernier*  
REGISTERED AGENT MUST SIGN

Date 26 June 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES SECRET	JAMES L. BERNIER	762 S. US 1 SUITE 118 VERO BEACH	VERO BEACH FL 32962

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*James L. Bernier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 June '01  
Date

561-873-3220  
Daytime Phone #

CR2E081 (9/00)